



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LAWRENCE KEESTENBALM
COUNTY CLERK / REGISTER

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 10/20/25 To 12/31/25

1. Committee I.D. Number **B2025003**

4. Committee's Mailing Address **2370 E Stadium Blvd
#725
Ann Arbor, MI 48104**

2. Committee Name
**Ann Arbor for Public Power Ballot Question
Committee**

Area Code and Phone: (734) 330-3795
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
**Lauren Malatesta
2302 Vinewood Blvd, Ann Arbor, MI 48104**

Area Code and Phone (248) 910-3735

6. Treasurer's Business Address
**2302 Vinewood Blvd, Ann Arbor, MI
48104**

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
**Brian Geiringer
415 Pearl St, Ypsilanti, MI 48197**

Area Code and Phone (248) 910-3735

Area Code and Phone (734) 330-3795

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
OR
 POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

- PRIMARY
- GENERAL
- SCHOOL
- SPECIAL
- OTHER: _____

Date of Election:
11/03/26

8b.

- FEBRUARY STATEMENT
- APRIL STATEMENT
- JULY STATEMENT
- OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(2025 Coverage Year)

8d:

Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Lauren Malatesta

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>4,685.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>4,685.00</u>	(18.) \$ <u>4,915.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>20,000.00</u>	(19.) \$ <u>20,000.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>24,685.00</u>	(20.) \$ <u>24,915.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>3,040.61</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>3,040.61</u>	(21.) \$ <u>4,006.78</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>602.67</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>602.67</u>	(22.) \$ <u>606.13</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ <u>606.13</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>226.54</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>24,685.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>24,911.54</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>602.67</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>24,308.87</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Elizabeth Hunter 827 Bruce st. Ann Arbor MI 48103 4. Date of Receipt <u>10/27/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Braxton Blake 1508 Longshore Dr Ann Arbor MI 48105-1632 4. Date of Receipt <u>10/27/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: John Maxey 2619 NW 95th St Seattle WA 98117 4. Date of Receipt <u>10/27/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>5</u>	\$ <u>5</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Craig Albert 412 Kellogg St, Apt 48 Ann Arbor MI 48105 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization

Page Subtotal **\$205.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Andy Brosius 3345 Packard St, #1 Ann Arbor MI 48108 4. Date of Receipt <u>10/27/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Rachel Pooley 1336 Kensington Dr Ann Arbor MI 48104 4. Date of Receipt <u>10/27/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Kathleen Murphey 315 Linda Vista St. Ann Arbor MI 48103 4. Date of Receipt <u>10/27/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Elsie Lee 723 E Kingsley St, 204 Ann Arbor MI 48104 4. Date of Receipt <u>10/27/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>20</u>	\$ <u>20</u> Click Here for Memo Itemization

Page Subtotal

\$155.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>vickie wellman</u> <u>2461 towner blvd Ann Arbor MI 48104</u>	\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/28/25</u>		
5. If over \$100.00 cumulative, please provide:		
Occupation _____ Employer _____		
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: <u>Nick Finn</u> <u>1174 Kay Pkwy Ann Arbor MI 48103</u>	\$ <u>40</u>	\$ <u>40</u>
4. Date of Receipt <u>10/28/25</u>		
5. If over \$100.00 cumulative, please provide:		
Occupation _____ Employer _____		
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 Name & Address: <u>David Beaubien</u> <u>1527 Waltham Ann Arbor MI 48103</u>	\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>10/29/25</u>		
5. If over \$100.00 cumulative, please provide:		
Occupation <u>Unemployed</u> Employer <u>Unemployed</u>		
Business Address <u>1527 Waltham Ann Arbor MI 48103</u>		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 4 Name & Address: <u>Harvey Pillersdorf</u> <u>1234 Prospect Street Ann Arbor MI 48104</u>	\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/30/25</u>		
5. If over \$100.00 cumulative, please provide:		
Occupation _____ Employer _____		
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **\$440.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Chai Montgomery 1435 ROSEWOOD ST Ann Arbor MI 48104-6230	4. Date of Receipt <u>10/30/25</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Daniel McCarter 560 Little Lake Dr, Unit 30 Ann Arbor MI 48103	4. Date of Receipt <u>10/30/25</u>	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Ariel Ryan 335 Columbine Court Ann Arbor MI 48103	4. Date of Receipt <u>10/30/25</u>	\$ <u>10</u>	\$ <u>10</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Lisa Norgren 2890 Baylis Dr Ann Arbor MI 48108	4. Date of Receipt <u>10/30/25</u>	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$210.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Julie Dybdahl 1619 Harbal Dr. Ann Arbor MI 48105 4. Date of Receipt <u>10/30/25</u>	\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 2 Name & Address: Carol Brody 4714 Bayberry Circle Ann Arbor MI 48105 4. Date of Receipt <u>10/30/25</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 Name & Address: Brenda Benjamin 1557 Franklin St Ann Arbor MI 48103 4. Date of Receipt <u>10/30/25</u>	\$ <u>10</u>	\$ <u>10</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 Name & Address: Allison Cale 1039 Island Dr Ct, Apt 105 Ann Arbor MI 48105 4. Date of Receipt <u>10/30/25</u>	\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$165.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Jean McPhail</u> <u>9725 Huron River Drive Dexter MI 48130</u> 4. Date of Receipt <u>10/30/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>30</u>	\$ <u>30</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Milt Baker</u> <u>628 Green Rd Ann Arbor MI 48105</u> 4. Date of Receipt <u>10/30/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Jeannie Fisher</u> <u>704 Princeton Ave, Apt #1 Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/30/25</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> Business Address <u>704 Princeton Ave, Apt #1 Ann Arbor MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ <u>200</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Amy Higgins</u> <u>2073 Chaucer Drive Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/31/25</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>English Instructor</u> Employer <u>WCC</u> Business Address <u>2073 Chaucer Dr Ann Arbor MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization

Page Subtotal **\$530.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Eugenio Herrera 621 W. Huron St. # 3 Ann Arbor MI 48103 4. Date of Receipt <u>10/31/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Sonia Schmerl 2954 PHILADELPHIA DR Ann Arbor MI 48103 4. Date of Receipt <u>10/31/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Peter Woolf 1108 Mixtwood St Ann Arbor MI 48103 4. Date of Receipt <u>11/18/25</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Designer</u> Employer <u>Peter Woolf</u> Business Address <u>1108 Mixtwood St Ann Arbor MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>350</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Alison Ehrlich 1923 Boulder Drive, Boulder Drive Ann Arbor MI 48104 4. Date of Receipt <u>11/19/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization

Page Subtotal **\$375.00**
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rachel Pooley 1336 Kensington Dr Ann Arbor MI 48104	4. Date of Receipt <u>11/26/25</u>	\$ <u>25</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kimberly Smith 18181 N. Territorial Rd. Chelsea MI 48118	4. Date of Receipt <u>12/07/25</u>	\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>University of Michigan</u> Business Address <u>500 S. State St. Ann Arbor MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Jacqui Hinchey 1018 Fountain Street Ann Arbor MI 48103	4. Date of Receipt <u>12/08/25</u>	\$ <u>10</u>	\$ <u>10</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Brian Geiringer 415 Pearl St, Ypsilanti, MI 48197	4. Date of Receipt <u>11/06/25</u>	\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Ann Arbor for Public Power</u> Business Address <u>2370 E Stadium Blvd #725 Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,535.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

4. Date of Receipt 11/06/25

Name & Address:

Karen Bantel
3017 Andora Drive
Superior Township, MI 48198

\$ 500 \$ 500

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Retired Employer Retired

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2

4. Date of Receipt 12/08/25

Name & Address:

Cynthia Price
2800 Page Ave
Ann Arbor, MI 48104

\$ 500 \$ 500

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Editor Employer Groundcover News

Business Address 423 S 4th Ave Ann Arbor, MI 48104

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3

4. Date of Receipt 12/22/25

Name & Address:

Judy Stone
2312 Packard St
Ann Arbor, MI 48104

\$ 60 \$ 60

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4

4. Date of Receipt 12/22/25

Name & Address:

David Minnix
1911 Pontiac Trail
Ann Arbor, MI 48105

\$ 10 \$ 10

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$1,070.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$4,685.00**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003

Ann Arbor for Public Power Ballot Question
Committee

2. Committee Name _____

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Tides Foundation 1012 Torney Avenue San Francisco, CA 94129	Date of Receipt <u>11/07/20</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>Grant</u>	\$ <u>20,000.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal \$20,000.00

Grand Total of All Schedules 4A -1
(Complete on last page of Schedule) \$20,000.00

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution #1
Name & Address:
Brian Geiringer
415 Pearl St, Ypsilanti, MI 48197

If over \$100.00 cumulative, please provide:

Occupation **Executive Director**

Employer Name & Address:
Ann Arbor for Public Power
2370 E. Stadium Blvd. #725
Ann Arbor, MI, 48104

Fund Raiser

4. Loan endorsement or guarantee
 Goods Donated or loaned Services Donated
 Goods or Services Purchased by Others
 Goods or Services Purchased by Others - LOAN

Description ED services for reporting period

\$ 2700 \$ 3615

5. DATE OF RECEIPT: 12/31/25 [Click Here for Memo Itemization](#)
6. VENDOR NAME & ADDRESS:

Contribution #2
Name & Address:
Ann Arbor for Public Power
2370 E. Stadium Blvd. #725
Ann Arbor, MI, 48104

If over \$100.00 cumulative, please provide:

Occupation

Employer Name & Address:

Fund Raiser

4. Loan endorsement or guarantee
 Goods Donated or loaned Services Donated
 Goods or Services Purchased by Others
 Goods or Services Purchased by Others - LOAN

Description NationBuilder 2025 Subscription Fee (Prorated)

\$ 340.61 \$ 391.78

5. DATE OF RECEIPT: 12/31/25 [Click Here for Memo Itemization](#)
6. VENDOR NAME & ADDRESS:

Contribution #3
Name & Address:

If over \$100.00 cumulative, please provide:

Occupation

Employer Name & Address:

Fund Raiser

4. Loan endorsement or guarantee
 Goods Donated or loaned Services Donated
 Goods or Services Purchased by Others
 Goods or Services Purchased by Others - LOAN

Description _____ \$ _____ \$ _____

5. DATE OF RECEIPT: _____ [Click Here for Memo Itemization](#)
6. VENDOR NAME & ADDRESS:

Page Subtotal **\$3,040.61**

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$3,040.61

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: ActBlue PO Box 962017 Boston, MA 02196-2017 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Service Fee</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>12/01/25</u> Date of Expenditure	\$ <u>15.15</u>	\$ <u>47.13</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: ActBlue PO Box 962017 Boston, MA 02196-2017 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Service Fee</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>11/01/25</u> Date of Expenditure	\$ <u>4.51</u>	\$ <u>31.98</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: ActBlue PO Box 962017 Boston, MA 02196-2017 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Service Fee</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/20/25</u> Date of Expenditure	\$ <u>24.01</u>	\$ <u>27.47</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: OLSONHOWARD ENVLAW <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Ballot language review</u> 5. Ballot Proposal: <u>12/05/25</u> County: <u>12/05/25</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>12/05/25</u> Date of Expenditure	\$ <u>559.00</u>	\$ <u>559</u> Click for Memo Itemization Type

Subtotal this page **\$602.67**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$602.67**

Enter this total on Line 8a of the Summary Page